

Certified Mail Receipt for
 Preliminary Notice of Potential Liability, Letter dated October 30, 2015
 To: 700 Dexter LLC

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
For delivery information visit our website at www.usps.com									
OFFICIAL USE									
<table border="1"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Rest (Endo)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Rest (Endo)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Rest (Endo)									
700 DEXTER LLC ATTN DANIEL L JACOBS 1821 BLAKE STREET SUITE 3C DENVER CO 80202									
PS Form 3800, August 2006 See Reverse for Instructions									

7011 0470 0003 3682 3915

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>TOP/SOUTH</i> <p>1. Article Addressed to: <i>American Linen FS10 3573</i></p> <p>700 DEXTER LLC ATTN DANIEL L JACOBS 1821 BLAKE STREET SUITE 3C DENVER CO 80202</p> <p>2. Article Number <i>(Transfer from service label)</i> 7011 0470 0003 3682 3915</p>	<p>A. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery <i>Service Process Department</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Olympia, Washington</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	